



MISSOURI DEPARTMENT OF MENTAL HEALTH
CONTROLLER'S OFFICE
SUBSTANCE ABUSE TRAFFIC OFFENDERS PROGRAM (SATOP)
PO BOX 596, JEFFERSON CITY, MO 65102-0596
PHONE: (573) 522-4020

Esta forma deberá llenarse por la agencia
Donde los servicios fueron rendidos.

SATOP COMPARABLE PROGRAM COMPLETION

ALL sections must be completed BY AGENCY where services were rendered.

I. OFFENDER INFORMATION

NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER	
STREET ADDRESS			TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE	DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE WHERE LICENSE ISSUED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

II. COMPLETION INFORMATION (IN ACCORDANCE WITH SECTION 302.540, RSMo 1994, RULE AND REGULATION 12 CSR 10-24.040.)

THE ABOVE PERSON'S INDIVIDUAL NEEDS WERE ASSESSED AND THE FOLLOWING TREATMENT RECOMMENDED	
<input type="checkbox"/> A. FIRST LEVEL: A 10 to 15 hour education course which is designed to assist first-time offenders in understanding the choices they made that led to their intoxication and arrest. Education must include ways to take responsibility for actions, relate the course to their lives, and make changes in their thinking, beliefs, and behavior.	BEGINNING AND ENDING DATES
<input type="checkbox"/> B. SECOND LEVEL: A program designed primarily for repeat offenders or "high risk" first-time offenders with intensive education and counseling intervention methods throughout with at least 48 continuous hours of structured activities. Activities must be designed to encourage the offender to confront his or her harmful behavior and take responsibility for his or her life. The program must be conducted in a restrictive environment.	BEGINNING AND ENDING DATES
<input type="checkbox"/> C. THIRD LEVEL: A program consisting of intensive outpatient counseling for 3-6 weeks based on the needs of the persistent or "high risk" offender. Each offender must participate in and complete a minimum of 50 total hours of treatment activity consisting of individual counseling, group counseling and group education at a certified treatment facility. Ten hours of the required 50 hours must specifically address driving under the influence (DUI) and driving while intoxicated (DWI) issues. These programs must be certified by the appropriate agency in the state in which they are conducted and/or accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Commission of the Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services to Families and Children (COA).	BEGINNING AND ENDING DATES
<input type="checkbox"/> D. FOURTH LEVEL: A minimum of 160 treatment hours of either hospitalization and/or outpatient counseling for persons with alcoholism and/or drug abuse prior to or in conjunction with the assessment. These programs must be accredited by the appropriate agency in the state in which they are conducted and/or the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Commission of the Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services to Families and Children (COA).	BEGINNING AND ENDING DATES

III. AUTHORIZATION SIGNATURE

I hereby certify that I am an authorized representative of the program listed below and am authorized to complete this form.

NAME (PLEASE PRINT)	SIGNATURE (MUST BE SIGNED)	DATE
NAME OF PROGRAM/ORGANIZATION		STATE CERTIFICATION NUMBER
STREET ADDRESS		TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE

IV. ACCREDITATION

I hereby certify that this program is state-certified.

THIS PROGRAM IS CERTIFIED BY THE STATE OF	DEPARTMENT/DIVISION
THIS PROGRAM IS ACCREDITED BY <input type="checkbox"/> JCAHO <input type="checkbox"/> CARF <input type="checkbox"/> COA	CONTACT PERSON
ADDRESS	TELEPHONE NUMBER ()

The Missouri Department of Mental Health reserves the right to reject any form submitted for a comparable SATOP program if for any reason the program is not deemed comparable.

SATOP COMPLETION REQUIREMENTS

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- **If you are a resident**, you must present this form to an Offender Management Unit (OMU). A supplemental fee of \$125.00 plus a \$40.00 administrative fee, for a total of \$165 in the form of a money order must be paid to the OMU at that time. A listing of Offender Management Units (OMUs) may be obtained at www.dmh.missouri.gov/ada/satop/omulist.htm or by calling **573-522-4020**.
- **If you are a non-resident**, you must mail this form with a supplemental fee of \$125.00 in the form of a money order payable to *Mental Health Earnings Fund* to the address listed on the front of this form.
- **If you are a non-resident but were screened in Missouri**, you must mail this form and a copy of your SATOP Offender Assignment (A-3) Form and/or a receipt showing that you previously paid the supplemental fee to the address listed on the front of this form.

When our office has received your form and documentation as stated above, we will contact the agency where you received services. If the program is approved, we will fax your form to the Missouri Department of Revenue. If you have questions about your **driver's license reinstatement**, you must contact the Missouri Department of Revenue at **573-751-4600**.

INSTRUCCIONES EN ESPAÑOL

- **Si usted es residente de este Missouri**, es necesario que presente esta forma a un *Offender Management Unit (OMU)*. Un cuota suplemental de \$125.00 y \$40.00 de costos administrativos, para un total de \$165, en forma de money orden se necesitara que pagar en ese tiempo. Una lista de *Offender Management Units (OMUs)* se pueden obtener a www.dmh.missouri.gov/ada/satop/omulist.htm o puede llamar al numero **573-522-4020**.
- **Si usted no es residente de Missouri**, es necesario que mande por correo esta forma con la cuota suplemental de \$125.00 en forma de money orden pagable a *Mental Health Earnings Fund* a la dirección indicada la frente de esta forma.
- **Si usted no es residente de Missouri pero fue evaluado en Missouri**, es necesario que mande por correo esta forma y una copia de su *SATOP Offender Assignment (A-3) Form* y/o un recibo indicando que usted a pagado la cuota suplemental a la dirección al frente de esta forma.

Cuando nuestra oficina reciba su forma y documentación previamente mencionada, nosotros nos pondremos en contacto con la agencia donde recibió los servicios. Si el programa es aprobado, enviaremos su forma al *Missouri Department of Revenue*, por sistema de fax. Si usted tiene preguntas acerca del estatus de su licencia de manejar, necesita llamar al *Missouri Department of Revenue* al numero 573-751-4600.